OKLAHOMA DEPARTMENT OF MENTAL HEALTH
AND SUBSTANCE ABUSE SERVICES

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TITLE 450

CHAPTER 55

STANDARDS AND CRITERIA FOR
PROGRAMS OF ASSERTIVE COMMUNITY TREATMENT

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TABLE OF CONTENTS

SUBCHAPTER 1. GENERAL PROVISIONS..... Page X

450:55-1-1 Purpose
450:55-1-2 Definitions
450:55-1-3 Applicability

SUBCHAPTER 3. PROGRAM DESCRIPTION AND PACT SERVICES..... Page X

450:55-3-1 General program description and target population
450:55-3-2 Admission criteria
450:55-3-3 Total case load and admission rate
450:55-3-4 Discharge criteria
450:55-3-5 Hours of operation and staff coverage
450:55-3-6 Service intensity
450:55-3-7 Staffing requirements
450:55-3-8 Staff communication and planning
450:55-3-9 Clinical supervision
450:55-3-10 Required services

SUBCHAPTER 5. PACT CLINICAL DOCUMENTATION ..... Page XX

450:55-5-1 Clinical record keeping system
450:55-5-2 Basic requirements
450:55-5-3 Documentation of individual treatment team members
450:55-5-4 Initial assessment and treatment plan
450-55-5-5 Comprehensive assessment
450-55-5-6 Treatment team meeting
450:55-5-7 Treatment planning
450:55-5-8 Discharge
450:55-5-9 PACT Progress note
450:55-5-10 Medication record
450:55-5-11 Other records content

SUBCHAPTER 7. CONFIDENTIALITY ..... Page XX

450:55-7-1 Confidentiality, mental health consumer information and records

SUBCHAPTER 9. CONSUMER RIGHTS ..... Page XX

450:55-9-1 Consumer rights
450:55-9-2 Consumers' grievance policy
450:55-9-3 ODMHSAS Office of Consumer Advocacy

SUBCHAPTER 11. ORGANIZATIONAL MANAGEMENT ..... Page XX

450:55-11-1 Organizational description
450:55-11-2 Program organization
450:55-11-3 Information analysis and planning

SUBCHAPTER 13. PERFORMANCE IMPROVEMENT AND QUALITY MANAGEMENT ..... Page XX

450:55-13-1 Performance improvement program
450:55-13-2 Incident reporting

SUBCHAPTER 15. PERSONNEL ..... Page XX

450:55-15-1 Personnel policies and procedures
450:55-15-2 Job descriptions

SUBCHAPTER 17. STAFF DEVELOPMENT AND TRAINING ..... Page XX

450:55-17-1 Orientation and training
450:55-17-2 Staff development
450:55-17-3 In-service

SUBCHAPTER 19. FACILITY ENVIRONMENT ..... Page XX

450:55-19-1 Facility environment
450:55-19-2 Medication storage

SUBCHAPTER 21. GOVERNING AUTHORITY ..... Page XX

450:55-21-1 Documents of authority

SUBCHAPTER 23. SPECIAL POPULATIONS ..... Page XX

450:55-23-1 Americans with Disabilities Act of 1990
450:55-23-2 Human Immunodeficiency Virus (HIV), and Acquired Immunodeficiency Syndrome (AIDS)

SUBCHAPTER 1. GENERAL PROVISIONS

450:55-1-1. Purpose

(a) This Chapter implements 43A O.S. § 3-319, which authorizes the Board of Mental Health and Substance Abuse Services, or the Commissioner upon delegation by the Board, to certify programs of assertive community treatment. Section 3-319 requires the Board to promulgate rules and standards for certification of facilities or organizations that desire to be certified.

(b) The rules regarding the certification procedures including applications, fees and administrative sanctions are found in the Oklahoma Administrative Code, Title 450, Chapter 1, Subchapters 5 and 9.

450:55-1-2. Definitions

The following words or terms, when used in this Chapter, shall have the following meaning, unless the context clearly indicates otherwise:

"Community-based Structured Crisis Center" or **"CBSCC"** means a program of non-hospital emergency services for mental health and substance abuse crisis stabilization including, but not limited to, observation, evaluation, emergency treatment and referral, when necessary, for inpatient psychiatric or substance abuse services. This service is limited to CMHC's who are certified by the Department of Mental Health and Substance Abuse Services or facilities operated by the Department of Mental Health and Substance Abuse Services.

"Clinical privileging" means an organized method for treatment facilities to authorize an individual permission to provide specific care and treatment services to consumers within well-defined limits, based on the evaluation of the individual's license, education, training, experience, competence, judgment and other credentials.

"Consumer" means an individual who has applied for, is receiving, or has received services from a facility operated or certified by ODMHSAS or with which ODMHSAS contracts and includes all persons referred to in OAC Title 450 as client(s) or patient(s) or resident(s) or a combination thereof.

"**Co-occurring disorder"** means any combination of mental health and substance abuse symptoms or diagnoses in a client.

"Co-occurring disorder capability" means the organized capacity within any type of program to routinely screen, identify, assess, and provide properly matched interventions to individuals with co-occurring disorders.

"Credentialed Recovery Support Specialist" is a member of the PACT team who is working as a Recovery Support Specialist and has completed the ODMHSAS approved training and testing.

"Crisis intervention" means an immediately available service to meet the psychological, physiological and environmental needs of individuals who are experiencing a mental health or substance abuse crisis.

"Crisis stabilization" means emergency psychiatric and substance abuse services for the resolution of crisis situations and may include placement of an individual in a protective environment, basic supportive care, and medical assessment and, if needed, referral to an ODMHSAS certified facility having nursing and medical support available.

"Critical incident" means an occurrence or set of events inconsistent with the routine operation of the facility, or the routine care of a consumer. Critical incidents specifically include but are not necessarily limited to the following: adverse drug events; self-destructive behavior; deaths and injuries to consumers, staff and visitors; medication errors; consumers that are absent without leave (AWOL); neglect or abuse of a consumer; fire; unauthorized disclosure of information; damage to or theft of property belonging to a consumers or the facility; other unexpected occurrences; or events potentially subject to litigation. A critical incident may involve multiple individuals or results.

"**Cultural competency**" means the ability to recognize, respect, and address the unique needs, worth, thoughts, communications, actions, customs, beliefs and values that reflect an individual's racial, ethnic, religious, sexual orientation, and/or social group.

"DSM" means the current Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association.

"FTE" means an employee, or more than one, who work(s) the time equivalent to the number of hours per week, month or year of one (1) employee working full-time.

"Governing Agency" means the facility or specific community based behavioral health provider under which the PACT program is operated.

"Historical time line" means a method by which a specialized form is used to gather, organize and evaluate historical information about significant events in a consumer's life, experience with mental illness, and treatment history.

"Individual Treatment Team" or **"ITT"** means the primary case manager and a minimum of two other clinical staff on the PACT team who are responsible to keep the consumer's treatment coordinated, monitor their services, coordinate staff activities and provide information and feedback to the whole team.

"Integrated Client Information System" or **"ICIS"** is a comprehensive management information system based on national standards for mental health and substance abuse databases. It is a repository of diverse data elements that provide information about organizational concepts, staffing patterns, consumer profiles, program or treatment focus, and many other topics of interest to clinicians, administrators and consumers. It includes unique identifiers for agencies, staff and consumers that provide the ability to monitor the course of consumer services throughout the statewide DMHSAS network. ICIS collects data from hospitals, community mental health centers, substance abuse agencies, domestic violence service providers, residential care facilities, prevention programs, and centers for the homeless which are operated or funded in part by DMHSAS.

"Linkage services" means the communication and coordination with other service providers pursuant to a valid release that assure timely appropriate referrals between the PACT program and other providers.

"Longitudinal Face Sheet" means a process that is used to track a PACT consumer's specific demographic, personal contact, treatment history and other relevant information from the time of admission until discharge.

"Mental Health Professional" means:

(A) Physicians with a current license and board certification in psychiatry or board eligible, or a current resident in psychiatry, where the services provided to

a DMHSAS funded program are within the scope of the supervised residency program. Other licensed physicians experienced in behavior health counseling practices may be considered, if the facility has verified sufficient training and experience in the areas of practice for which the ICIS service is being reported; or

(B) Practitioners with a license to practice or those actively and regularly receiving board approved supervision to become licensed by one of the following licensing boards: Psychology, Social Work (clinical specialty), Professional Counselor; Marriage and Family Therapist; Licensed Behavioral Practitioner; or Licensed Alcohol and Drug Counselor.

(C) Advanced Practice Nurse (certified in psychiatric mental health specialty) licensed as a registered nurse with a current certification of recognition by the Oklahoma State Board of Nursing.

"ODMHSAS" means the Oklahoma Department of Mental Health and Substance Abuse Services.

"Oklahoma Administrative Code" or **"OAC"** means the publication authorized by 75 O.S. § 256 known as The Oklahoma Administrative Code, or, prior to its publication, the compilation of codified rules authorized by 75 O.S. § 256(A) (1) (a) and maintained in the Office of Administrative Rules.

"Performance Improvement" or **"PI"** means an approach to the continuous study and improvement of the processes of providing health care services to meet the needs of consumers and others. Synonyms, and near synonyms include continuous performance improvement, continuous improvement, organization-wide performance improvement and total quality management.

"Persons with special needs" means any person with a condition which is considered a disability or impairment under the "American with Disabilities Act of 1990" including, but not limited to the deaf and hearing impaired, visually impaired, physically disabled, developmentally disabled, persons with disabling illness, persons with mental illness. See "Americans with Disabilities Handbook," published by U.S. Equal Employment Opportunity Commission and U.S. Department of Justice.

"Primary Case Manager" is a certified behavioral health case manager assigned by the team leader to coordinate and monitor activities of the ITT, has primary responsibility to write the treatment plan and make revisions to the treatment plan and weekly schedules.

"Program Assistant" is a member of the PACT team providing duties supportive of the Team and may include organizing, coordinating, and monitoring non-clinical operations of the PACT, providing receptionist activities and coordinating communication between the team and consumers

"Program of Assertive Community Treatment" or **"PACT"** means a clinical program that provides continuous treatment, rehabilitation and support services to persons with mental illness in settings that are natural to the consumer.

"Progress notes" mean a chronological description of services provided to a consumer, the consumer's progress, or lack of, and documentation of the consumer's response related to the intervention plan.

"Recovery Support Specialist" is a member of the PACT team who is or has been a recipient of mental health services for a serious mental illness <u>and is willing to use and</u>

share his or her personal, practical experience, knowledge, and first-hand insight to benefit the team and consumers ~~and has completed the ODMHSAS approved training and testing~~.

"Team Leader" is the clinical and administrative supervisor of the PACT team who also functions as a practicing clinician. The team leader is responsible for monitoring each consumer's clinical status and response to treatment as well as supervising all staff and their duties as specified by their job descriptions.

"Trauma informed " means the capacity for a facility and all its programs to recognize and respond accordingly to the presence of the effects of past and current traumatic experiences in the lives of its consumers.

450:55-1-3. Applicability

The standards and criteria for services as subsequently set forth in this chapter are applicable to PACT programs as stated in each subchapter.

SUBCHAPTER 3. PROGRAM DESCRIPTION AND PACT SERVICES

450:55-3-1. General program description and target population

A PACT must be a self-contained clinical program that assures the fixed point of responsibility for providing treatment, rehabilitation and support services to consumers with serious mental illnesses. The PACT team shall use an integrated service approach to merge clinical and rehabilitation staff expertise, such as psychiatric, substance abuse, employment, within one service delivery team, supervised by a qualified program director. Accordingly, there shall be a minimal referral of consumers to other program entities for treatment, rehabilitation, and support services. The PACT staff is responsible to ensure services are continuously available in natural settings for the consumer in a manner that is courteous, helpful and respectful.

450:55-3-2. Admission criteria

(a) The PACT program shall maintain written admission policies and procedures that, at a minimum include the following:

(1) Priority shall be given to people with a primary diagnosis of schizophrenia or other psychotic disorders, such as schizoaffective disorder or bipolar disorder with psychotic features as defined by the current DSM, and with at least four (4) of the following:

(A) At least four psychiatric hospitalizations in the past 24 months or lengths of stays totaling over 30 days in the past 12 months which can include admissions to Community-Based Structured Crisis Care;

(B) Persistent or recurrent severe affective, psychotic or suicidal symptoms;

(C) Coexisting substance abuse disorder greater than six (6) months;

(D) High risk of or criminal justice involvement in the past 12 months which may include frequent contact with law enforcement personnel, incarcerations, parole or probation;

(E) Homeless, imminent risk of being homeless or residing in substandard or unsafe housing;

(F) Residing in supported housing but clinically assessed to be able to live in a more independent living situation if intensive services are provided; or requiring supported housing if more intensive services are not available;

(G) Inability to participate in traditional office-based services or evidence that they require a more assertive and frequent non-office based services to meet their clinical needs;

(H) Inability to consistently perform the range of practical daily living tasks required for basic adult functioning in the community.

(2) Individuals with a sole primary diagnosis of substance abuse, brain injury, or Axis II disorders are not appropriate for PACT.

(3) Individuals with a history of violent behaviors may or may not be considered for admission.

(b) Compliance with 450:55-3-2 shall be determined by on-site observation and a review of the following: clinical records, ICIS information and the PACT policy and procedures.

450:55-3-3. Total case load and admission rate

(a) The PACT program shall maintain written policies and procedures that at a minimum assure compliance with the following:

(1) A staff-to-consumer ratio of no more than ten (10) consumers for each staff person. The psychiatrist and program assistant are not included in determining the staff-to-consumer ratio;

(2) A gradual build-up of, on average, no more than 5 consumers admitted per month into the program, or no more than 3 consumers admitted per month for PACT teams with 8 or less FTE, excluding psychiatrist and program assistant; and

(3) A limit of no more than 120 consumers on a PACT team case load at one time.

(b) Compliance with 450:55-3-3 shall be determined by on-site observation and a review of the following: clinical records, ICIS information and the PACT policy and procedures.

450:55-3-4. Discharge criteria

(a) The PACT shall maintain written discharge policies and procedures that at a minimum include the following discharge criteria:

(1) The consumer and program staff mutually agree to the termination of services after all attempts to engage the consumer in the program fail; or

(2) The consumer moves outside the geographic area covered by the team. In such cases, the PACT team shall arrange for transfer of mental health service responsibility to a provider where the consumer is moving. The PACT team shall maintain contact with the consumer until the service transfer is arranged; or

(3) The consumer demonstrates an ability to function in all major role areas, i.e., work, social, self-care, without requiring assistance from the program. Such a determination shall be made by both the consumer and the PACT team; or

(4) The consumer becomes physically unable to benefit from the services.

(b) Compliance with 450:55-3-4 shall be determined by on-site observation and a review of the following: clinical records and the PACT policy and procedures.

450:55-3-5. Hours of operation and staff coverage

(a) The PACT program shall assure adequate coverage to meet consumers' needs including but not limited to:

(1) The PACT team shall be available to provide treatment, rehabilitative and support services seven days per week, including holidays and evenings, according to the following:

(A) For weekdays, Monday through Friday, the PACT team hours of operation for a team size greater than 8 FTEs, excluding the psychiatrist and program assistant, shall be two overlapping eight-hour-shifts for a total of 12 hours of coverage per day. The hours of operation for a team size of 8 FTE or less shall be a single eight-hour shift; with consumer needs as specified in the treatment plans driving any extended hours of operation.

(B) For weekends and holidays, regardless of the number of FTE's**,** for teams serving ten (10) to fifty (50) consumers, there shall be eight (8) hours of coverage per day with a minimum of one (1) clinical staff For teams serving fifty (50) consumers, there shall be eight (8) hours of coverage per day with a minimum of two (2) clinical staff.

(2) The PACT team shall operate an after-hours on-call system. PACT shall regularly schedule PACT staff for on-call duty to provide crisis and other services during the assigned on-call hours when staff is not working to personally respond to consumers by telephone or in person on a 24 hour per day, 7 day a week basis.

(3) Psychiatric backup shall also be available and on-call during all after-hours periods. If availability of the PACT team's psychiatrist during all hours is not feasible, alternative psychiatric backup shall be arranged.

(b) Compliance with 450:55-3-5 shall be determined by on-site observation and a review of the following: clinical records, ICIS information and the PACT policy and procedures.

450:55-3-6. Service intensity

(a) The PACT team is the primary provider of services and has the responsibility to meet the consumer's multiple treatment, rehabilitation and supportive needs with minimal referrals to external agencies or programs within the governing agency for services.

(b) The PACT team shall have the capacity to provide multiple contacts per week to consumers experiencing severe symptoms or significant problems in daily living.

(c) The PACT team shall minimally provide an average of three contacts per week for consumers, unless otherwise clinically indicated.

(d) Each team shall provide at least 75 percent of service contacts in the community, in non-office or non-facility based settings.

(e) The PACT team shall provide ongoing contact when permitted by consumers who are hospitalized for drug and alcohol or psychiatric reasons. To ensure continuity of care the PACT team shall:

(1) Assist in the admission process if at all possible;

(2) Have contact with the consumer and inpatient treatment providers within 48 hours of knowing of the inpatient admission to provide information, assessment, assist with the consumer's needs and begin discharge planning;

(3) Maintain a minimum of weekly face-to-face contact with the consumer and treatment team staff;

(4) Transition the consumer from the inpatient setting into the community; and

(5) Maintain at least three (3) face-to-face contacts per week for one month for consumers who are discharged from an inpatient facility. The team shall document any failed attempts.

(f) Telephone answering devices will not be used as a primary method to receive phone calls. PACT clients shall have direct phone access to the PACT office Monday through Friday, 8:00 a.m. to 5:00 p.m. The program assistant or other PACT staff shall be available to personally answer all incoming phone calls.

(g) Compliance with 450:55-3-6 shall be determined by on-site observation; and a review of the following: clinical records; ICIS information; and the PACT policy and procedures.

450:55-3-7. Staffing requirements

(a) The PACT team shall include individuals qualified to provide the required services while closely adhering to job descriptions as defined in the "PACT Start-up Manual, most recent edition as published by the National Alliance for the Mentally Ill."

(b) Each PACT team shall have the following minimum staffing configuration:

(1) One (1) full-time team leader who is the clinical and administrative supervisor of the team and also functions as a practicing clinician in the PACT team. The team leader shall be a Mental Health Professional.

(2) A Board Certified or Board Eligible psychiatrist providing a minimum of 16 hours per week of direct care to minimally include: initial and psychiatric assessments, daily organizational staff meetings, treatment planning, home visits, pharmacological management, collaboration with nurses, crisis intervention, and liaison with inpatient facilities. In the initial build-up phase, a minimum of 8 hours per week shall be provided until the team is serving ten or more clients. For teams serving over 50 consumers, the Psychiatrist shall provide an additional three (3) hours per week for every fifteen (15) additional consumers admitted to the program. On-call time is not included.

(3) At least two (2) full-time registered nurses. Each nurse shall have at least one (1) year of mental health experience or work a total of forty (40) hours at a psychiatric medication clinic within the first three (3) months of employment.

(4) At least one (1) additional full-time Mental Health Professional.

(5) At least two (2) full-time bachelor's level or higher degree behavioral health case managers.

(6) At least one (1) staff member on the team, excluding the psychiatrist, team leader and program assistant shall be qualified as a substance abuse treatment specialist, and at least one (1) staff member on the team, excluding the psychiatrist, team leader and program assistant, shall be qualified as an employment specialist.

(7) A minimum of one (1) full-time or two (2) -half time (0.5 FTE) Recovery Support Specialist(s) <u>or Credentialed Recovery Support Specialist(s)</u>. <u>The Recovery Support Specialist(s) is/are to complete all qualifications to become a Credentialed Recovery Support Specialist within one (1) year of employment to</u>

the PACT team. ~~The Recovery Support Specialist shall be a fully integrated team member.~~

(8) A minimum of one (1) program assistant.

(c) Teams serving greater than 65 consumers shall include the following additional staff:

(1) A full-time assistant team leader who is the back-up clinical and administrative supervisor of the team and also functions as a practicing clinician in the PACT team. The assistant team leader shall be a Mental Health Professional.

(2) One (1) additional full-time registered nurse.

(3) One (1) additional full-time Mental Health Professional.

(4) One (1) additional full-time bachelor level behavioral health case manager, when serving greater than 85 consumers on the team.

(d) The PACT program shall have policies and procedures addressing the use of students, medical residents, osteopathic residents, psychiatric residents and volunteers on the team.

(1) Psychiatric residents shall not replace the clinical work of the PACT psychiatrist such as on-call coverage, pharmacological management, treatment planning or crisis intervention.

(2) The hours a psychiatric resident works on a PACT team shall not be counted towards the standard hours of the PACT psychiatrist.

(e) Compliance with 450:55-3-6 shall be determined by on-site observation; and a review of the following: clinical records; ICIS information; and the PACT policy and procedures.

450:55-3-8. Staff communication and planning

(a) The PACT team shall have daily organizational staff meetings at regularly scheduled times as prescribed by the team leader. Daily organizational staff meetings shall be conducted in accordance with the following procedures:

(1) A review of the daily log, to update staff on the treatment contacts which occurred the day before and to provide a systematic means for the team to assess the day-to-day progress and status of all consumers;

(2) A review by the shift manager of all the work to be done that day as recorded on the daily staff assignment schedule. During the meeting, the shift manager shall assign and supervise staff to carry out the treatment and service activities scheduled to occur that day, and the shift manager shall be responsible for assuring that all tasks are completed; and

(3) Revise treatment plans as needed, plan for emergency and crisis situations, and add service contacts to the daily staff assignment schedule per the revised treatment plans.

(b) The PACT team shall maintain a written daily log, using a computer, notebook or cardex. The daily log shall document:

(1) A roster of the consumers served in the program; and,

(2) For each consumer, brief documentation of any treatment or service contacts which have occurred since the last daily organizational staff meeting and a concise, behavioral description of the consumer's daily status.

(c) The PACT team, under the direction of the team leader, shall maintain a weekly schedule for each consumer. The weekly consumer schedule is a written schedule of all treatment and service contacts which staff must carry out to fulfill the goals and objectives in the consumer's treatment plan. The team shall maintain a central file of all weekly consumer schedules.
(d) The PACT team, under the direction of the team leader, shall develop a daily staff assignment schedule from the central file of all weekly consumer schedules. The daily staff assignment schedule is a written timetable for all consumer treatment and service contacts, to be divided and shared by the staff working on that day.
(e) Compliance with 450:55-3-8 shall be determined by on-site observation and a review of the following: clinical records, ICIS information and the PACT policy and procedures.

450:55-3-9. Clinical supervision
(a) Each PACT team shall have a written policy for clinical supervision of all staff providing treatment, rehabilitation, and support services. A component of the supervision shall include assisting all staff to have basic core competency in working with clients who have co-occurring substance abuse disorders. The team leader or a clinical staff designee shall assume responsibility for supervising and directing all PACT team staff activities. This supervision and direction shall minimally consist of:

(1) Periodic observation, in which the supervisor accompanies an individual staff member to meet with consumers in regularly scheduled or crisis meetings to assess the staff member's performance, give feedback, and model alternative treatment approaches; and

(2) Participation with team members in daily organizational staff meetings and regularly scheduled treatment planning meetings to review and assess staff performance and provide staff direction regarding individual cases.

(b) Compliance with 450:55-3-9 shall be determined by on-site observation and a review of the following: clinical records, ICIS information and the PACT policy and procedures.

450:55-3-10. Required services
(a) The PACT program shall minimally provide the following comprehensive treatment, rehabilitation, and support services as a self-contained service unit on a continuous basis. The PACT program shall provide or make arrangements for treatment services, which shall minimally include:

(1) **Crisis intervention.** Crisis intervention shall be provided to individuals who are in crisis as a result of a mental health and/or substance abuse related problem.

(A) Crisis intervention services shall be provided in the least restrictive setting possible, and be accessible to individuals within the community in which they reside.

(B) Crisis assessment and intervention shall be provided 24 hours per day, seven days per week by the PACT team. These services will include telephone and face-to-face contact and will include mechanisms by which the PACT crisis services can be coordinated with the local mental health system's emergency services program as appropriate.

(C) Crisis intervention services shall include, but not be limited to, the following service components and each shall have written policy and procedures:

(i) Psychiatric crisis intervention; and

(ii) Drug and alcohol crisis intervention.

(2) **Symptom assessment, management and individual supportive therapy.** The PACT shall provide ongoing symptom assessment, management, and individual supportive therapy to help consumers cope with and gain mastery over symptoms and impairments in the context of adult role functioning. This therapy shall include but not necessarily be limited to the following:

(A) Ongoing assessment of the consumer's mental illness symptoms and the consumer's response to treatment;

(B) Education of the consumer regarding his or her illness and the effects and side effects of prescribed medications, where appropriate;

(C) Symptom-management efforts directed to help each consumer identify the symptoms and occurrence patterns of his or her mental illness and develop methods (internal, behavioral, or adaptive) to help lessen their effects; and

(D) Psychological support to consumers, both on a planned and as-needed basis, to help them accomplish their personal goals and to cope with the stresses of day-to-day living.

(3) **Medication prescription, administration, monitoring and documentation.** The PACT shall have medication policies and procedures that are specific to the PACT program and meet the unique needs of the consumers served. All policies and procedures shall comply with local, state and federal pharmacy and nursing laws.

(A) Medication related policies and procedures shall identify processes to:

(i) Record physician orders;

(ii) Order medication;

(iii) Arrange for all consumer medications to be organized by the team and integrated into consumers' weekly schedules and daily staff assignment schedules;

(iv) Provide security for medications and set aside a private designated area for set up of medications by the team's nursing staff; and

(v) Administer delivery of and provide assistance with medications to program consumers.

(B) The PACT team psychiatrist shall minimally:

(i) Assess each consumer's mental illness symptoms and behavior and prescribe appropriate medication;

(ii) Regularly review and document the consumer's symptoms of mental illness as well as his or her response to prescribed medication treatment;

(iii) Educate the consumer regarding his or her mental illness and the effects and side effects of medication prescribed to regulate it; and

(iv) Monitor, treat, and document any medication side effects.

(C) All qualified PACT team members shall assess and document the consumer's mental illness symptoms and behavior in response to medication and shall monitor for medication side effects.

(4) **Rehabilitation.** The PACT shall provide or make arrangements for rehabilitation services. The PACT shall provide work-related services as needed to help consumers find and maintain employment in community-based job sites. These services shall include but not be limited to:

(A) Assessment of job-related interests and abilities, through a complete education and work history assessment as well as on-the-job assessments in community-based jobs;

(B) Assessment of the effect of the consumer's mental illness on employment, with identification of specific behaviors that interfere with the consumer's work performance and development of interventions to reduce or eliminate those behaviors;

(C) Development of an ongoing employment rehabilitation plan to help each consumer establish the skills necessary to find and maintain a job;

(D) Individual supportive therapy to assist consumers to identify and cope with the symptoms of mental illness that may interfere with their work performance;

(E) On-the-job or work-related crisis intervention; and

(F) Work-related supportive services, such as assistance with grooming and personal hygiene, securing of appropriate clothing, wake-up calls, and transportation.

(5) **Substance abuse services.** The PACT shall provide substance abuse services as clinically indicated by consumers. These shall include but not be limited to individual and group interventions to assist consumers to:

(A) Identify substance use, effects and patterns;

(B) Recognize the relationship between substance use and mental illness and psychotropic medications;

(C) Develop motivation for decreasing substance use; and

(D) Develop coping skills and alternatives to minimize substance use and achieve periods of abstinence and stability.

(6) **Services to support activities of daily living.** The PACT shall provide as needed services to support activities of daily living in community-based settings. These shall include individualized assessment, problem solving, side-by-side assistance and support, skill training, ongoing supervision, e.g. prompts, assignments, monitoring, encouragement, and environmental adaptations to assist consumers to gain or use the skills required to:

(A) Carry out personal hygiene and grooming tasks;

(B) Perform household activities, including house cleaning, cooking, grocery shopping, and laundry;

(C) Find housing that is safe and affordable (e.g., apartment hunting, finding a roommate, landlord negotiations, cleaning, furnishing and decorating, procuring necessities, such as telephone, furnishings, linens, etc.;

(D) Develop or improve money-management skills;

(E) Use available transportation; and

(F) Have and effectively use a personal physician and dentist.

(7) **Social, interpersonal relationship and leisure-time skill training.** The PACT shall provide as needed services to support social, interpersonal relationship, and leisure-time skill training to include supportive individual therapy, e.g., problem

solving, role-playing, modeling, and support, etc.; social-skill teaching and assertiveness training; planning, structuring, and prompting of social and leisure-time activities; side-by-side support and coaching; and organizing individual and group social and recreational activities to structure consumers' time, increase their social experiences, and provide them with opportunities to practice social skills and receive feedback and support required to:

(A) Improve communication skills, develop assertiveness and increase self-esteem as necessary;

(B) Develop social skills, increase social experiences, and where appropriate, develop meaningful personal relationships;

(C) Plan appropriate and productive use of leisure time;

(D) Relate to landlords, neighbors, and others effectively; and

(E) Familiarize themselves with available social and recreational opportunities and increase their use of such opportunities.

(8) The PACT will assign each consumer a primary case manager who coordinates and monitors the activities of the individual treatment team and has primary responsibility to write the treatment plan, to provide individual supportive therapy, to ensure immediate changes are made in treatment plans as consumer's needs change and to advocate for consumer rights and preferences.

(9) The PACT shall provide support and direct assistance to ensure that consumers obtain the basic necessities of daily life that includes but is not necessarily limited to:

(A) Medical and dental services;

(B) Safe, clean, affordable housing;

(C) Financial support;

(D) Social services;

(E) Transportation; and

(F) Legal advocacy and representation.

(10) The PACT shall provide services as needed on behalf of identified consumers to their families and other major supports, with consumer's written consent, which includes the following:

(A) Education about the consumer's illness and the role of the family in the therapeutic process;

(B) Intervention to resolve conflict; or

(C) Ongoing communication and collaboration, face-to-face and by telephone, between the PACT team and the family.

(b) Compliance with 450:55-3-10 shall be determined by on-site observation, a review of the clinical records, ICIS information and the PACT policy and procedures.

SUBCHAPTER 5. PACT CLINICAL DOCUMENTATION

450:55-5-1. Clinical record keeping system

(a) Each PACT shall maintain an organized clinical record keeping system to collect and document information appropriate to the treatment processes. This system shall be organized with easily retrievable, usable clinical records stored under confidential conditions and with planned retention and disposition. For each consumer, the PACT

team shall maintain a treatment record that is confidential, complete, accurate, and contains up-to-date information relevant to the consumer's care and treatment.
(b) The team leader and the program assistant shall be responsible for the maintenance and security of the consumer clinical records.
(c) The consumer's clinical records shall be located at the PACT team's main office and, for confidentiality and security, are to be kept in a locked file.
(d) Compliance with 450:55-5-1 shall be determined by on-site observation, a review of PACT policy, procedures or operational methods, clinical records and other PACT provided documentation.

450:55-5-2. Basic requirements
(a) Each PACT program shall have policies and procedures requiring the following:
(1) All consumer records shall contain the defined required documentation;
(2) Storage, retention and destruction requirements for consumer records;
(3) Records maintained in locked equipment under secure measures;
(4) Entries in consumer records shall be legible, signed with first name, last name, credentials, and dated by the person making the entry; and
(5) The consumer's name typed or written on each sheet of paper or page in the clinical record.
(b) Compliance with 450:55-5-2 shall be determined by on-site observation, a review of PACT policy, procedures or operational methods, clinical records, other PACT provided documentation and PI information and reports.

450:55-5-3. Documentation of individual treatment team members
(a) The PACT shall document in the clinical record the consumer was assessed to determine appropriateness of admission to PACT in accordance with the program admission criteria.
(b) The clinical record shall document the team leader has assigned the consumer a psychiatrist, primary case manager, and individual treatment team (ITT) members within one (1) week of admission.
(c) Compliance with 450:55-5-3 shall be determined by on-site observation and a review of the following: clinical records and the PACT policy and procedures.

450:55-5-4. Initial assessment and treatment plan
(a) The initial assessment data shall be collected and evaluated by PACT team leader or appropriate staff designated by the team leader. Such assessments shall be based upon all available information, including self-reports, reports of family members and other significant parties, and written summaries from other agencies, including police, courts, and outpatient and inpatient facilities, where applicable, culminating in a comprehensive initial assessment. Consumer assessment information for admitted consumers shall be completed on the day of admission to the PACT.
(b) The initial assessment shall contain, but not be limited to, the following identification data:
(1) Consumer's name;
(2) Date of admission to PACT;
(3) Social Security number;

(4) Presenting problem/client self-assessment of problem; -
(5) Reason for treatment;
(6) Availability of social supports and resources;
(7) History of psychiatric illness and previous services;
(8) Developmental and social history;
(9) Current functioning;
(10) Admitting diagnosis (Axis I-V);
(11) Justification for Admission; and,
(12) Primary case manager (Certified Behavioral health Case Manager) and individual treatment team (ITT).

(c) The initial treatment plan is completed on the day of admission and guides team services until the comprehensive assessment and comprehensive treatment plan is completed. Interventions from the initial treatment plan should be reported on the consumer weekly schedule card. The initial treatment plan shall contain, but not be limited to, the following identification data:

(1) Consumer's name;
(2) Date;
(3) Short term goals;
(4) Problems to be addressed;
(5) Objectives;
(6) Consumer or guardian participation;
(7) Consumer's signatures; and,
(8) Team leader's signature.

(d) Compliance with 450:55-5-4 shall be determined by a review of the following: intake assessment instruments and other intake documents of the PACT program, clinical records and other agency documentation of admission materials or requirements.

450-55-5-5. Comprehensive assessment

(a) The consumer's psychiatrist, primary PACT case manager, and individual treatment team members shall prepare the written comprehensive assessment(s) within six (6) weeks of admission.

(b) The comprehensive assessment shall include a written narrative report for each of the following areas:

(1) Psychiatric and substance abuse history, mental status, and a current DSM diagnosis, to be completed by the PACT psychiatrist;
(2) Medical, dental, and other health needs to be completed by a PACT registered nurse;
(3) Integrated substance abuse assessment as well as the extent and effect of drugs or alcohol use and interaction with mental illness, plus description of periods of relative sobriety, completed by a team professional as approved by the team leader;
(4) Extent and effect of any violence within the consumer's living situation(s) or personal relationships;
(5) The current version of the Alcohol Severity Index (ASI) within the first 6 weeks of admission and as clinically indicated thereafter;
(6) Education and employment;

(7) Social development and functioning by a team professional as approved by the team leader;
(8) Activities of daily living, to be completed by the team professional or Recovery Support specialist under the supervision of the team leader;
(9) Family structure and relationships by a team professional as approved by the team leader; and
(10) Historical timeline by all team members under the supervision of the team leader.

(c) Compliance with 450:55-5-5 shall be determined by on-site observation and a review of the clinical records, ICIS information and the PACT policy and procedures.

450-55-5-6. Treatment team meeting

(a) The PACT team shall conduct treatment planning meetings under the supervision of the team leader, or designee. These treatment planning meetings shall minimally:
(1) Convene at regularly scheduled times per a written schedule maintained by the team leader; and
(2) Occur with sufficient frequency and duration to develop written individual consumer treatment plans and to review and rewrite the comprehensive treatment plans every six months.

(b) Prior to writing the comprehensive treatment plan, the team shall meet to develop the comprehensive treatment plan by discussing and documenting:
(1) The specifics of all information learned from the comprehensive assessments or course of treatment;
(2) Resources to carry out the treatment plan;
(3) Roles of the individual PACT members to carry out the plan; and
(4) Recommendations made to the treatment plan from the consumer, family members and PACT staff.

(c) Treatment planning meetings shall be scheduled in advance of the meeting and the schedule shall be posted. The team shall assure that consumers and others designated by the consumers may have the opportunity to attend treatment planning meetings, if desired by the consumer. A summary of the treatment planning meeting shall be documented in the consumer's clinical record. At each treatment planning meeting the following staff should attend: team leader, psychiatrist, primary case manager, individual treatment team members, and all other PACT team members involved in regular tasks with the consumer.

(d) Compliance with 450:55-5-6 shall be determined by on-site observation and a review of the following: clinical records, ICIS information and the PACT policy and procedures.

450:55-5-7. Treatment planning

(a) The PACT team shall evaluate each consumer and develop an individualized comprehensive treatment plan within eight (8) weeks of admission, which shall identify individual needs and problems and specific measurable goals along with the specific services and activities necessary for the consumer to meet those goals and improve his or her capacity to function in the community. The treatment plan shall be developed in collaboration with the consumer or guardian when feasible. The consumer's participation in the development of the treatment plan shall be documented.

(b) Individual treatment team members shall ensure the consumer is actively involved in the development of treatment and service goals.
(c) The treatment plan shall clearly specify the services and activities necessary to meet the consumer's needs and who will be providing those services and activities.
(d) The following key areas shall be addressed in every consumer's treatment plan: symptom management, physical health issues, substance abuse, education and employment, social development and functioning, activities of daily living, and family structure and relationships.
(e) The primary case manager and the individual treatment team shall be responsible for reviewing and revising the treatment goals and plan whenever there is a major decision point in the consumer's course of treatment, e.g., significant change in consumer's condition, etc., or at least every six (6) months a new comprehensive treatment plan will be developed. The revised treatment plan shall be based on the results of a treatment planning meeting. The plan and review will be signed by the consumer, the primary case manager, individual treatment team members, the team leader, the psychiatrist, and all other PACT team members.
(f) The PACT team shall maintain written assessment and treatment planning policies and procedures to assure that appropriate, comprehensive, and on-going assessment and treatment planning occur.
(g) Compliance with 450:55-5-7 shall be determined by review of the clinical records.

450:55-5-8. Discharge
(a) Documentation of consumer discharge shall be completed within 15 days of discharge and shall include all of the following elements:
(1) The reasons for discharge;
(2) The consumer's status and condition at discharge;
(3) A written final evaluation summary of the consumer's progress toward each of the treatment plan goals;
(4) A plan developed in conjunction with the consumer for treatment after discharge and for follow-up;
(5) Referral and transfer, preferably to another PACT team if available or to other mental health services; and
(6) The signature of the PACT consumer, if available or an explanation regarding the absence of the consumer's signature, and the team leader.
(b) Compliance with 450:55-5-8 shall be determined by review of the clinical records.

450:55-5-9. PACT progress note
(a) The PACT shall have a policy and procedure mandating the chronological documentation of progress notes. Every contact and service that relates to the consumer's treatment shall be documented.
(b) Progress notes shall minimally address the following:
(1) Person(s) who received services;
(2) Date and the start and stop time-frame of the service provided;
(3) Staff travel times prior to and following the service, if applicable;
(4) Activities and services provided and as they relate to the goals and objectives of the treatment plan;

(5) Detailed description of the contact or service;
(6) The consumer's response to intervention services, changes in behavior and mood, and outcome of intervention services;
(7) Plans for continuing treatment;
(8) The location of the service provided; and
(9) Clinician's signature with credentials.

(c) Compliance with 450:55-5-9 shall be determined by a review of clinical records.

450:55-5-10. Medication record

(a) The PACT shall maintain a medication record on all consumers who receive medications or prescriptions in order to provide a concise and accurate record of the medications the consumer is receiving or having prescribed.

(b) The consumer record shall contain a medication record with information on all medications ordered or prescribed by physician staff which shall include, but not be limited to:

(1) Name of medication;
(2) Dosage;
(3) Frequency of administration or prescribed change;
(4) Route of administration;
(5) Staff member who administered or dispensed each dose, or prescribing physician; and
(6) A record of pertinent information regarding adverse reactions to drugs, drug allergies, or sensitivities shall be updated when required by virtue of new information, and kept in a highly visible location in and on the outside of the chart.

(c) Compliance with 450:55-5-10 shall be determined by a review of medication records in clinical records and a review of clinical records.

450:55-5-11. Other records content

(a) The consumer record shall contain copies of all consultation reports concerning the consumer.

(b) When psychometric or psychological testing is done, the consumer record shall contain a copy of a written report describing the test results and implications and recommendations for treatment.

(c) The consumer record shall contain any additional information relating to the consumer that has been secured from sources outside the PACT program.

(d) Before any person can be admitted for treatment on a voluntary basis, a signed consent for treatment shall be obtained.

(e) The PACT program shall maintain a current and up-to-date Longitudinal Face Sheet on every admitted consumer. The Longitudinal Face Sheet will track all of the following ongoing information from the time of admission until discharge. The information shall include but is not limited to:

(1) Residence;
(2) Significant others;
(3) Children;
(4) Education;
(5) Legal involvement;

(6) Financial benefits;
(7) Health insurance benefits;
(8) Psychiatric diagnosis;
(9) Legal status;
(10) Institutional admissions, including associated dates and lengths of stay;
(11) Employment; and
(12) Special risks.

(f) In the case where a PACT consumer is re-admitted back into the same PACT program, the PACT team will adhere to all PACT standards for admission except comprehensive assessments shall only be updated for the time-frame the consumer did not participate in PACT.

(g) In the case where a consumer transfers from one PACT program to another, the receiving PACT program shall adhere to all PACT standards for admission. Prior PACT records may be accessed with the consent of the consumer.

(h) Compliance with 450:55-5-11 shall be determined by a review of clinical records.

SUBCHAPTER 7. CONFIDENTIALITY

450:55-7-1. Confidentiality, mental health consumer information and records

Confidentiality policy, procedures and practices must comply with federal and state law, guidelines, and standards, and with OAC 450:15-3-20.1 and OAC 450:15-30-60.

~~(a) All mental health and drug or alcohol abuse treatment information, whether recorded or not, and all communications between a physician or psychotherapist and a consumer are both privileged and confidential. In addition, the identity of all consumers who have received or are receiving mental health or drug or alcohol abuse treatment services is both confidential and privileged. Such information shall only be available to persons or agencies actively engaged in the treatment of the consumer unless a state or federal law exception applies.~~

~~(b) All facilities shall have policy and procedures protecting the confidential and privileged nature of mental health and drug or alcohol abuse treatment information in compliance with state and federal law and which contain at a minimum:~~

~~(1) an acknowledgment that all mental health and drug or alcohol abuse treatment information, whether recorded or not, and all communications between a physician or psychotherapist and a consumer are both privileged and confidential and will not be released without the written consent of the consumer or the consumer's legally authorized representative;~~

~~(2) an acknowledgment that the identity of a consumer who has received or is receiving mental health or drug or alcohol abuse treatment services is both confidential and privileged and will not be released without the written consent of the consumer or the consumer's legally authorized representative;~~

~~(3) a procedure to limit access to mental health and drug or alcohol abuse treatment information to only those persons or agencies actively engaged in the treatment of the consumer and to the minimum amount of information necessary to carry out the purpose for the release;~~

~~(4) a procedure by which a consumer, or the consumer's legally authorized representative, may access the consumer's mental health and drug or alcohol abuse treatment information;~~

~~(5) an acknowledgement that certain state and federal law exceptions to disclosure of mental health and drug or alcohol abuse treatment information without the written consent of the consumer or the consumer's legally authorized representative exist and the facility will release information as required by those laws; and~~

~~(6) a procedure by which to notify a consumer of his or her right to confidentiality.~~

~~(c) A facility disclosing information pursuant to a written consent to release information shall ensure the written consent form complies with all applicable state and federal law and contains at a minimum the following:~~

~~(1) the name of the person or program permitted to make the disclosure;~~

~~(2) the name or title of the person or the name of the organization to which disclosure is to be made;~~

~~(3) the name of the consumer whose records are to be released;~~

~~(4) a description of the information to be disclosed;~~

~~(5) the specific reason for the disclosure;~~

~~(6) the signature of the consumer or the consumer's legally authorized representative;~~

~~(7) the date the consent to release was signed by the consumer or the consumer's legally authorized representative;~~

~~(8) an expiration date, event or condition which shall ensure the release will last no longer than reasonably necessary to serve the purpose for which it is given;~~

~~(9) a statement of the right of the consumer, or the consumer's legally authorized representative, to revoke the consent to release in writing and a description of how the patient may do so;~~

~~(10) a confidentiality notice which complies with state and federal law; and~~

~~(11) a statement in bold face writing that "The information authorized for release may include records which may indicate the presence of a communicable or venereal disease which may include, but is not limited to, diseases such as hepatitis, syphilis, gonorrhea, and the human immunodeficiency virus, also known as Acquired Immune Deficiency Syndrome (AIDS)."~~

~~(d) Compliance with 450:55-7-1 shall be determined by a review of facility policy and procedures, facility forms, consumer record reviews, interviews with staff and consumers and any other supporting facility documentation.~~

SUBCHAPTER 9. CONSUMER RIGHTS

450:55-9-1. Consumer rights

The PACT Program shall comply with applicable rules in Title 450, Chapter 15. Consumer Rights.

450:55-9-2. Consumers' grievance policy

The PACT Program shall comply with applicable rules in Title 450, Chapter 15. Consumer Rights.

450:55-9-3. ODMHSAS Office of Consumer Advocacy

The ODMHSAS Office of Consumer Advocacy, in any investigation regarding consumer rights shall have access to consumers, PACT Program records and PACT staff as set forth in Oklahoma Administrative Code Title 450, Chapter 15.

SUBCHAPTER 11. ORGANIZATIONAL MANAGEMENT

450:55-11-1. Organizational description

(a) The parent organization under which the PACT operates shall clarify formal management and reporting responsibilities related to the PACT within the parent organization's overall structure.

(b) The PACT's parent organization shall approve the mission statement and annual goals and objectives for the PACT and document their approval.

(c) The PACT or parent organization shall have a written organizational description which is reviewed annually and minimally includes:

(1) The overall target population for whom services will be provided specifically including those individuals with co-occurring disorders;

(2) The specific geographic area in which PACT services are to be provided;

(3) The overall mission statement; and

(4) The PACT program's annual goals and objectives.

(d) There shall be documentation verifying these documents are available to the general public upon request.

(e) Compliance with 450:55-11-1 shall be determined by on-site observation and a review of organizational charts, and the PACT policy and procedures.

450:55-11-2. Program organization

(a) The parent organization under which the PACT operates shall vest authority with a team leader who shall be responsible for ensuring the PACT team meets the following organizational requirements.

(1) Each PACT shall have a written plan for professional services, which shall contain the following:

(A) Services description and philosophy;

(B) The identification of the professional staff organization to provide these services;

(C) Written admission and exclusionary criteria to identify the type of consumers for whom the services are primarily intended;

(D) Written goals and objectives; and

(E) Delineation of processes to assure accessible, integrated, and co-occurring capable services and a plan for how each program component will address the needs of individuals with co-occurring disorders.

(2) There shall be a written statement of the procedures and plans for attaining the organization's goals and objectives. These procedures and plans should define specific tasks, including actions regarding the organization's co-occurring capability, set target dates and designate staff responsible for carrying out the procedures and plans.

(b) Compliance with 450:55-11-2 shall be determined by a review of the following: PACT target population definition, PACT policy and procedures, written plan for professional services, other stated required documentation and any other supporting documentation.

450:55-11-3. Information analysis and planning

(a) The PACT or parent organization shall have a plan for conducting an organizational needs assessment related to PACT which specifies the methods and data to be collected, including but not limited to information from:

(1) Consumers;
(2) Governing Authority;
(3) Staff;
(4) Stakeholders;
(5) Outcomes management processes; and
(6) Quality record review.

(b) The PACT or parent organization shall have a defined system to collect data and information on a quarterly basis to manage the organization.

(c) Information collected shall be analyzed to improve consumer services and organizational performance.

(d) The PACT or parent organization shall prepare an end of year management report to include information on PACT and the following:

(1) An analysis of the needs assessment process; and
(2) Performance improvement program findings.

(e) The management report shall be communicated and made available to, among others:

(1) The governing authority,
(2) PACT staff, and
(3) ODMHSAS, as requested.

(f) The PACT shall assure that a local advisory committee is established, with input of local advocates and other stakeholders.

(1) The committee shall be constituted of representative stakeholders including at least 51% consumers and family members. The remaining members shall be advocates, other professionals and community leaders.

(2) The team leader shall convene the advisory committee and work with the committee to establish a structure for meetings and committee procedures.

(3) The primary role of the advisory committee is to assist with implementation, policy development, advocate for program needs, and monitor outcomes of the program.

(4) The Advisory Committee shall meet at least once each quarter.

(5) Written minutes of committee meetings shall be maintained.

(g) Compliance with 450:55-11-3 shall be determined by a review of the written program evaluation plan(s), written annual program evaluation(s), special or interim program evaluations, program goals and objectives and other supporting documentation provided.

SUBCHAPTER 13. PERFORMANCE IMPROVEMENT AND QUALITY

MANAGEMENT

450:55-13-1. Performance improvement program

(a) There shall be an ongoing PACT or parent organization performance improvement program designed to objectively and systematically monitor, evaluate and improve the quality of consumer care related to PACT.

(b) The performance improvement program shall also address the fiscal management of the organization.

(c) There shall be an annual written plan for performance improvement activities. The plan shall include but not be limited to:

(1) Outcomes management processes specific to each program component minimally measuring:

(A) Efficiency;

(B) Effectiveness; and

(C) Consumer satisfaction.

(2) A quarterly record review to minimally assess:

(A) Quality of services delivered;

(B) Appropriateness of services;

(C) Patterns of service utilization;

(D) Consumers, relevant to their orientation to the PACT and services being provided;

(E) The thoroughness, timeliness and completeness of the assessment;

(F) Treatment goals and objectives are based on assessment findings and consumer input;

(G) Services provided were related to the goals and objectives;

(H) Services are documented as prescribed by policy; and

(I) The treatment plan is reviewed and updated as prescribed by policy;

(3) Clinical privileging;

(4) Fiscal management and planning shall include:

(A) An annual budget that is approved by the governing authority and reviewed at least annually;

(B) The organization's capacity to generate needed revenue to produce desired consumer and other outcomes; and

(C) Monitoring of consumer records to ensure among others, documented dates of services provided coincide with billed service encounters; and,

(5) Review of critical incident reports and consumer grievances or complaints.

(d) The PACT or parent organization shall monitor the implementation of the performance improvement plan on an ongoing basis and makes adjustments as needed.

(e) Performance improvement findings shall be communicated and made available to, among others:

(1) The governing authority;

(2) PACT staff; and

(3) ODMHSAS if and when requested.

(f) Compliance with 450:55-13-1 shall be determined by a review of the written program evaluation plan, written program evaluations annual, special or interim, program goals and objectives and other supporting documentation provided.

450:55-13-2. Incident reporting

(a) There shall be written policies and procedures for PACT or the parent organization, to include PACT, requiring documentation and reporting of critical incidents.

(b) The documentation for critical incidents shall contain, minimally:

(1) the facility name and name and signature of person(s) reporting the incident;

(2) the name of consumer(s), staff person(s), or others involved in the incident;

(3) the time, place and date the incident occurred;

(4) the time and date the incident was reported and name of the person within the PACT or parent organization to whom it was reported;

(5) description of the incident;

(6) the severity of each injury, if applicable. Severity shall be indicated as follows:

(A) No off-site medical care required or first aid administered on-site;

(B) Medical care by a physician or nurse or follow-up attention required; or

(C) Hospitalization or immediate off-site medical attention was required;

(7) Resolution or action taken, date action taken, and signature of PACT program director.

(c) The PACT or parent organization shall report critical incidents to ODMHSAS with specific timeframes as follows:

(1) Critical incidents requiring medical care by a physician or nurse or follow-up attention and incidents requiring hospitalization or immediate off-site medical attention shall be delivered via fax or mail to ODMHSAS Provider Certification within twenty-four (24) hours of the incident being documented.

(2) Critical incidents involving allegations constituting a sentinel event or resident abuse shall be reported to ODMHSAS immediately via telephone or fax, but not less than twenty-four (24) hours of the incident. If reported by telephone, the report shall be followed with a written report within twenty-four (24) hours.

(d) Compliance with 450:55-13-2 shall be determined by a review of policy and procedures, critical incident reports at the PACT and those submitted to ODMHSAS.

SUBCHAPTER 15. PERSONNEL

450:55-15-1. Personnel policies and procedures

(a) The PACT shall have written personnel policies and procedures approved by the parent organization.

(b) All employees shall have access to personnel policies and procedures, as well as other rules and regulations governing the conditions of their employment.

(c) The PACT or parent organization shall develop, adopt and maintain policies and procedures to promote the objectives of the program and provide for qualified personnel during all hours of operation to support the functions of the center and provide quality care.

(d) Compliance with 450:55-15-1 shall be determined by a review of written personnel policies and procedures and other supporting documentation provided.

450:55-15-2. Job descriptions
(a) The PACT or parent organization shall have written job descriptions for all PACT positions setting forth minimum qualifications and duties of each position.
(b) All job descriptions shall include an expectation of core competencies in relation to individuals with co-occurring disorders.
(c) Compliance with 450:55-15-2 shall be determined by a review of written job descriptions for all center positions and other supporting documentation provided.

SUBCHAPTER 17. STAFF DEVELOPMENT AND TRAINING

450: 55-17-1. Orientation and training
(a) Each PACT or parent organization shall develop and implement an orientation and training program that all new PACT staff shall complete prior to providing services. The orientation shall minimally include a review of the following:
(1) Oklahoma Administrative Code, Title 450:55;
(2) PACT policies and procedures; and
(3) Job responsibilities specified in job description.
(b) Compliance with 450:55-17-1 shall be determined by a review of personnel files, clinical privileging records and other supporting documentation provided.

450: 55-17-2. Staff development
(a) The PACT or parent organization shall have a written plan for the professional growth and development of all PACT administrative, professional clinical and support staff.
(b) This plan shall include but not be limited to:
(1) Orientation procedures;
(2) In-service training and education programs, including co-occurring disorder competencies;
(3) Availability of professional reference materials; and
(4) Mechanisms for insuring outside continuing educational opportunities for staff members.
(c) The results of performance improvement activities and accrediting and audit findings and recommendations shall be addressed by and documented in the staff development processes.
(d) Staff competency development shall be aligned with the organization's goals related to co-occurring capability, and incorporate a training plan, training activities, and supervision designed to improve co-occurring core competencies of all staff.
(e) Staff education and in-service training programs shall be evaluated at least annually by the agency.
(f) Compliance with 450:55-17-2 shall be determined by a review of the staff development plan, documentation of in-service training programs and other supporting documentation provided.

450:55-17-3. In-service

(a) In-service presentations shall be conducted yearly and shall be required for all employees on the following topics:

(1) Fire and safety;

(2) Infection Control and universal precautions;

(3) ~~Creating A Positive Environment (CAPE) training or similar programs~~ Techniques and philosophies addressing appropriate non-violent interventions for potentially physical interpersonal conflicts, staff attitudes which promote dignity and enhanced self-esteem, keys to effective communication skills, verbal and non-verbal interaction and non-violent intervention;

(4) Consumer's rights and the constraints of the Mental Health Consumer's Bill of Rights;

(5) Confidentiality;

(6) Oklahoma Child Abuse Reporting and Prevention Act, 10 O.S. §§ 7101 et seq. and Protective Services for the Elderly and for Incapacitated Adults Act, 43A O.S. §§ 10-101 et seq;

(7) Facility policy and procedures;

(8) Cultural competency; ~~and~~

(9) Co-occurring disorder competency and treatment principles;

(10) Trauma informed; and

(11) Age and developmentally appropriate trainings, where applicable.

(b) Staff providing clinical services shall have a current cardiopulmonary resuscitation certification.

(c) Compliance with 450:55-17-3 shall be determined by a review of in-service training records, personnel records and other supporting written information provided.

SUBCHAPTER 19. FACILITY ENVIRONMENT

450:55-19-1. Facility environment

(a) The PACT or parent organization shall obtain an annual fire and safety inspection from the State Fire Marshall or local authorities which documents approval for continued occupancy. Compliance with 450:55-19-1 shall be determined by a review of the PACT or parent organization's annual fire and safety inspection report.

(b) PACT staff shall know the exact location, contents and use of first aid supply kits and fire fighting equipment and fire detection systems. All fire fighting equipment shall be annually maintained in appropriately designated areas within the facility.

(c) Written plans and diagrams noting emergency evacuation routes in case of fire, and shelter locations in case of severe weather shall be posted.

(d) Facility grounds shall be maintained in a manner which provides a safe environment for consumers, personnel, and visitors.

(e) The PACT's or parent organization shall appoint a safety officer.

(f) The PACT or parent organization shall have a written emergency preparedness program for the PACT that is designed to provide for the effective utilization of available resources so PACT consumer care can be continued during a disaster. The PACT or parent organization shall evaluate the emergency preparedness program annually and update as needed.

(g) Policies for the use and control of personal electrical equipment shall be developed and implemented.
(h) The PACT or parent organization shall have a written plan to respond to internal and external disasters. External disasters include, but are not limited to, tornadoes, explosions, and chemical spills.
(i) Facilities occupied by PACT on behalf of the parent organization shall be inspected annually by designated fire and safety officials of the municipality who exercise fire and safety jurisdiction in the facility's location.
(j) The PACT or parent organization shall have a written Infection Control Program and staff shall be knowledgeable of Center for Disease Control (CDC) Guidelines for Tuberculosis and of the Blood Borne Pathogens Standard, location of spill kits, masks and other personal protective equipment.
(k) The PACT or parent organization shall have a written Hazardous Communication Program and staff shall be knowledgeable of chemicals in the workplace, location of Material Safety Data Sheets, personal protective equipment; and toxic or flammable substances shall be stored in approved locked storage cabinets.
(l) Compliance with 450:55-19-1 shall be determined by visual observation, posted evacuation plans and a review of policy and procedures, regulatory or internal inspection reports, training documentation and other supporting documentation provided.

450:55-19-2. Medication storage

(a) Medication administration, storage and control, and consumer reactions shall be continually monitored.
(b) PACT Programs shall have written policy and procedures to address the following:
(1) proper storage and control of medications;
(2) facility response to medication administration emergency;
(3) facility response to medical emergency; and
(4) emergency supply's for medication administration as directed by PACT physician.
(c) Written procedures for medication administration shall be available and accessible in all medication storage areas, and available to all staff authorized to administer medications.
(d) All medications shall be kept in locked, non-consumer accessible areas. Conditions which shall be considered in medication storage are light, moisture, sanitation, temperature, ventilation, and the segregation and safe storage of poisons, external medications, and internal medications.
(e) Telephone numbers of the state poison centers shall be immediately available in all locations where medications are prescribed, or administered, or stored.
(f) Compliance with 450:55-19-2 shall be determined by on-site observation and a review of written policy and procedures, clinical records and PI records.

SUBCHAPTER 21. GOVERNING AUTHORITY

450:55-21-1. Documents of authority

(a) There shall be a duly constituted authority and governance structure for assuring legal responsibility and for requiring accountability for performance and operation of the PACT within the structure of the parent organization.
(b) The governing authority shall have written documents of its source of authority, which shall be available to the public upon request.
(c) The governing body's bylaws, rules or regulations shall identify the chief executive officer who is responsible for the structure under which the PACT is organized the control, utilization and conservation of its physical and financial assets and the recruitment and direction of the staff.
(d) The source of authority document shall state:
(1) The eligibility criteria for governing body membership;
(2) The number and types of membership;
(3) The method of selecting members;
(4) The number of members necessary for a quorum;
(5) Attendance requirements for governing body membership;
(6) The duration of appointment or election for governing body members and officers; and
(7) The powers and duties of the governing body and its officers and committees or the authority and responsibilities of any person legally designated to function as the governing body.
(e) There shall be an organizational chart setting forth the structure of the organization.
(f) Compliance with 450:23-11-1 shall be determined by a review of the following: bylaws, articles of incorporation, written document of source of authority, minutes of governing board meetings, job description of the CEO and the written organizational chart.

SUBCHAPTER 23. SPECIAL POPULATIONS

450:55-23-1. Americans with Disabilities Act of 1990

(a) Under Titles 11 and 111 of the ADA, the PACT or parent organization shall comply with the "Accessibility guidelines for Buildings and Facilities (ADAAG) for alterations and new construction." United States government facilities are exempt for the ADA as they shall comply with the Uniform Federal Accessibility Standards (UFAS)", effective August 7, 1984. Also available for use in assuring quality design and accessibility is the American National standards Institute (ANSI) A117.1 "American National Standard for Accessible and Usable buildings and Facilities."
(b) State and local standards for accessibility and usability may be more stringent than DA, UFAs, or ANSI A 117.1. The PACT or parent organization shall assume responsibility for verification of all applicable requirements and comply with the most stringent standards.
(c) The PACT or parent organization shall have written policy and procedures providing or arranging for services for persons who fall under the protection of the Americans With Disabilities Act of 1990 and provide documentation of compliance with applicable Federal, state, and local requirements. A recommended reference is the "Americans with Disabilities Handbook" published the in U.S. Equal Employment Opportunities Commission and the U.S. Department of Justice.

(d) Compliance with 450:55-23-1 shall be determined through a review of facility written policy and procedure and any other supporting documentation.

450:55-23-2. Human Immunodeficiency Virus (HIV), and Acquired Immunodeficiency Syndrome (AIDS)

(a) A policy of non-discrimination against persons with HIV infection or AIDS shall be adopted and in force in the policy and procedure of the PACT or parent organization.

(b) All PACT staff shall observe the Universal Precautions For Transmission of Infectious Diseases as set forth in "Occupational Exposure to Blood Borne Pathogens" published by the United States Occupations Safety Health Administration (OSHA).

(1) There shall be written documentation the aforestated Universal Precautions are the policy of the PACT or parent organization; and

(2) In-service regarding the Universal Precautions shall be a part of employee orientation and at least once per year, is included in employee in-service training.

(c) Compliance with 450:55-23-2 is determined by review of PACT policy and procedure and in-service records, on-site observation, schedules and other documentation.